

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) JCORD-0001				
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</p> <p>Signature _____</p> <p>Typed or printed name _____</p>	<p>In re Application of Brandt Gerard CORDELLI</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/661,508</td> <td style="width: 50%; padding: 2px;">Filed September 15, 2003</td> </tr> </table> <p>For: LIABILITY INSURANCE COVERAGE REFERRAL SYSTEMS AND METHODS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Art Unit 3629</td> <td style="width: 50%; padding: 2px;">Examiner Kimberly L. Evans</td> </tr> </table>		Application Number 10/661,508	Filed September 15, 2003	Art Unit 3629	Examiner Kimberly L. Evans
Application Number 10/661,508	Filed September 15, 2003					
Art Unit 3629	Examiner Kimberly L. Evans					
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.</p> <p><input checked="" type="checkbox"/> The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>540.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>270.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card via EFS.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-3402</u>.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top; padding: 5px;"> <p>I am the _____</p> <p><input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest.</p> <p style="padding-left: 40px;">See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>33,103</u>.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </td> <td style="width: 40%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">/John A. Sopp/</p> <p style="text-align: center;">_____ Signature John A. Sopp</p> <p style="text-align: center;">_____ Typed or printed name</p> <p style="text-align: center;">_____ 703-243-6333 Telephone number</p> <p style="text-align: center;">_____ July 5, 2011 Date</p> </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<p>I am the _____</p> <p><input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest.</p> <p style="padding-left: 40px;">See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>33,103</u>.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>	<p style="text-align: center;">/John A. Sopp/</p> <p style="text-align: center;">_____ Signature John A. Sopp</p> <p style="text-align: center;">_____ Typed or printed name</p> <p style="text-align: center;">_____ 703-243-6333 Telephone number</p> <p style="text-align: center;">_____ July 5, 2011 Date</p>		
<p>I am the _____</p> <p><input type="checkbox"/> applicant/inventor.</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest.</p> <p style="padding-left: 40px;">See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>33,103</u>.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>	<p style="text-align: center;">/John A. Sopp/</p> <p style="text-align: center;">_____ Signature John A. Sopp</p> <p style="text-align: center;">_____ Typed or printed name</p> <p style="text-align: center;">_____ 703-243-6333 Telephone number</p> <p style="text-align: center;">_____ July 5, 2011 Date</p>					
<p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>						